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Last Revised	29 July, 2025	Area	Clinical Governance
Next Review	30 September, 2026		

Complaints & Feedback Policy; Incorporating Formal Complaints, Informal Complaints, Healthcare Professional Feedback & Compliments

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Purpose:	The purpose of this policy is: • To provide a process whereby patients can provide feedback on their experience whilst utilising the services provided by Cora Health • To give colleagues guidance on how to respond to formal and informal complaints raised by patients, relatives and carers in line with national guidance • To give colleagues guidance on how to respond to Healthcare Professional Feedback. • To provide a framework to ensure that learning and service improvements result from the feedback process • To ensure the management of concerns and complaints complies with the NHS Complaints Regulations • To provide guidance on the management of quality alerts
Associated Policies & Documents:	• 'How to make a Complaint' Ombudsman Information leaflet for patients • Incident Reporting and Management Policy • Whistleblowing Policy • Clinical Governance Framework • Management of Clinical Negligence Claims Policy

Equality Impact Assessment (EIA)

Initial Equality Impact Assessment Carried Out	**Yes/No**	**Date Carried Out**
	Yes	6 November 2024
Any Significant Impact Following EIA	**No**	
Full Equality Impact Assessment Required	**Yes/No**	**Date Carried Out**
	No	N/A
Outcome of Full EIA		

1. Introduction

Cora Health is committed to delivering high quality services and the optimal patient experience. However, there must be effective, easily accessible and clearly understood mechanisms for patients to report queries and complaints in order for these to be investigated/responded to in an open and honest manner if our patients are not satisfied. Complaints feedback offer an opportunity for us to review our services and to seek to make improvements.

Front line colleagues are expected to try and resolve any queries and concerns as they arise. However, if those raising issues remain dissatisfied, they have the right to formally complain. It is important that all complaints are recorded and lessons are learned from patient feedback.

The procedures outlined within this document provide a framework for the company to meet national requirements, provide a timely and proportionate response to complaints and provide a consistent, reliable and methodical process to work by.

Cora Health operate a 'Just culture', therefore the Board of Cora Health believe that complaint investigations should not result in any application of HR policies and procedures. Where there is a criminal act or where a colleague has willfully and/or negligently, exceeded their professional or contractual boundaries a separate process must be triggered.

2. Policy Scope

This policy and associated procedures encompass patient feedback in the form of formal and informal complaints and also 'healthcare professional feedback' including quality alerts reported by patients or other health care providers who have used Cora Health's services within the past 12 months or within 12 months of becoming aware of the matter. This time limit can sometimes be extended if it is still possible to adequately investigate the complaint (NHS England SI 2009 No 309).

This policy is company wide and applies to all colleagues working within National Health Service contracts.

Where we have contractually agreed to abide by a Integrated Care Systems / the Commissioner's policy Cora Health will uphold this agreement.

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3. Aims & Objectives

This policy will provide a robust and clear process for colleagues at all levels to help them understand the expectations of the company, in terms of the management of formal complaints, informal complaints and 'healthcare professional feedback' and in line with national guidance and standards (NHS Complaints Regulations (SI 2009 No 309). This will include:

- Appropriate guidance
- Ensuring that the formal complaints, informal complaints, 'healthcare professional feedback' and compliments processes are clearly described and easily accessible to all patients and carers
- Processes for feedback and audit regarding lessons learnt from concerns, complaints and quality alerts are in place to ensure satisfactory outcomes, organisational learning and that those lessons lead to service improvement

Cora Health will follow the Parliamentary and Health Service Ombudsman's guidelines for good complaints handling which means:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right

6. Seeking continuous improvement

4. Duties: Roles & Responsibilities

The Chief Executive Officer (CEO) has overall accountability for ensuring that effective concerns and complaints reporting, investigation and management processes are in place across the business and for meeting all statutory requirements. The CEO will ensure that actions are taken in respect of all concerns and complaints received.

The Executive Management Team supports the CEO with specific areas of concerns and complaints management in Cora Health, with support from the Senior Management Team. All directors are responsible for encouraging colleagues to respond to complaints in an open and honest manner and provide leadership towards embedding a positive culture of complaint investigation, without fear of unjust disciplinary action.

The Director of Governance and Quality is the designated executive director responsible for implementation of effective systems to manage and monitor complaints and ensure improvements are made. The Director of Governance and Quality ensures all responses are reviewed before they are sent to ensure consistency, ease of reading from a lay mans perspective and executive oversight of all complaints and concerns. They can be contacted for any advice regarding serious impacts to patients/ carers or relatives, legally sensitive information and the potential for reputational harm to the company. As the lead for NMC, HCPC or GMC related issues any complaints that may contravene codes of practice are highlighted to the Director of Governance and Quality as soon as they are received, so appropriate action can be taken to safeguard other patients etc.

The Chief Operating Officer supports the investigation and management of complaints related to clinical processes or activities resulting in or related to, patient harm. Clinical issues will be communicated and monitored by the designated clinical governance forum as shown in the Clinical Governance Framework. This is escalated to the Clinical Governance Committee as necessary.

The Head of Integrated Governance is responsible for overseeing complaints reporting. Responsibilities include ensuring a central database of all complaints is maintained on behalf of the Director of Governance and Quality. The Head of Integrated Governance will monitor business wide concerns and complaints data which impacts on the clinical services. This will include trend and statistical analysis as part of the systematic aggregation of incidents, complaints and claims. The role will provide advice, guidance and leadership to facilitate the effective investigation of clinical concerns and complaints and will also oversee all serious clinical complaints and liaise with the Parliamentary and Health Service Ombudsman, where necessary.

The Complaints and Patient Feedback Co-ordinator provides support to the Head of Integrated Governance with the implementation of the concerns and complaints management and investigation processes, providing advice, support and leadership to colleagues to ensure that complaints are managed appropriately through training. The role will ensure that information from complaints are made available to all relevant managers and colleagues, for lessons to be learned and improvements made. The Complaints and Patient Feedback Co-oridnator has responsibility to provide support to managers and clinicians to identify and address specific risks arising from either individual concerns/ complaints or from analysis of wider trends. They will also be responsible for the effective management of the electronic system for recording patient and healthcare professional feedback.

The Clinical Governance Committee (CGC) oversees clinical governance and risk throughout Cora Health. The Clinical Governance Framework includes the group's terms of reference (via One Cora Health) and outlines the infrastructure in place to ensure that all aspects of clinical governance are in place, effective and monitored, including complaints management and investigation. Significant issues are escalated to the CGC where appropriate.This group also provides effective operational oversight of clinical risk and patient feedback, to ensure that there are effective processes in place in order to learn from experience, promote a positive patient safety culture and contribute to the processes for improving the quality of service provision. This includes the effective management of concerns and

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complaints. The terms of reference are available on One Cora Health.

The Integrated Governance Team reviews all complaints received and identify company-wide implications, particularly where there may be concerns around possible litigation. They also escalate any relevant issues identified directly to a senior colleague (e.g. regional manager) where appropriate.

Members of the Integrated Governance Team are responsible for the administration of complaints, ensuring these are handled within the appropriate timescales and that necessary compliance-related details are fulfilled. This is achieved through liaison with line managers and where appropriate, external organisations. An essential part of the team's responsibility is to support the Head of Integrated Clinical to continuously improve the overall complaints system by the triage of the complaints inbox and management of the patient feedback process.

Head of Operations, Operations Managers and Heads of Service are responsible for the effective, efficient investigation and management of concerns/complaints within their respective areas. Appropriate systems are in place to ensure that complaints are delegated, where necessary, to relevant colleague(s) for investigation and response.

Head of Operations, Operations Managers and Heads of Service may act as the 'handler' of a complaint. The handler is responsible for managing/overseeing the complaint investigation. The handler may not necessarily be responsible for investigating the complaint and drafting the response personally (although they may do) but will ensure that the most appropriate colleague investigates the complaint and that an appropriate response letter is compiled.

The handler in partnership with the investigator will ensure that upon appropriate completion of an investigation of a complaint, that suitable actions are taken with any necessary action plans signed off in a timely manner. The Integrated Governance Team along with the handler will ensure that colleagues within their area receive appropriate complaints training to assist in the high quality and content of each complaint response letter.

There may be times when the complainant remains unhappy with the initial complaint response and a second or third response may be submitted. In these instances, the original complaint investigation and response are escalated; for example, if the initial response was formulated by the Team Lead etc, then the second investigation and response should be formulated by the Operational Manager. The Integrated Governance Team are sent for approval to the Director of Governance and Quality. If they fall below the required standards, will be returned to the responder to amend and return. This is still part of the local resolution process.

Clinical Team Leads/PCC Team Leaders are responsible for investigating concerns and complaints or aspects of concerns and complaints that involve administrative processes in the Patient Care Co-ordination Centre. This may include drafting a response letter to be sent to the complainant.

The Information Governance Lead will provide support and advice where a complaint involves any information security or data protection issues.

The Communications Team along with the Director of Governance and Quality is responsible for monitoring social media feedback from NHS Choices, Cora Health's website, Twitter and Facebook and ensuring all feedback receives a response via the social media platform on which it was received.

Each colleague has a responsibility to understand the process and value of complaints and the complaints investigation process and to abide by Cora Health's Complaints & Feedback Policy and processes and the appropriate timescales contained within.

The 'Complaint Investigator' is the colleague responsible for managing/overseeing the investigation of the Informal Complaint/ Formal Complaint. Usually, the assigned manager will be the Operations Manager, Head of Department, Team Lead or other appropriate colleague. At the time the complaint is recorded, the assigned manager is notified via an automated system alert direct to their email inbox. The assigned manager may then delegate the complaint to another relevant colleague, if necessary. Complaints are managed within the service unless the Director of Governance and Quality feels a more independent investigation is required from another service manager.

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5. Definition of Terms

Patient Feedback – This can be in several forms, including queries; informal complaints; formal complaints; compliments or quality alerts.

Query - A request for information from a service user received either verbally via telephone or by email through the Company's website. Queries are transferred to the most appropriate person and dealt with at the time of query.

Informal Complaint - A concern or expression of dissatisfaction that is completed verbally or informally by letter or email, where the patient does not require or expect a formal written response. These are similar to concerns that in the NHS would be logged under Patient Advice and Liaison Services. Resolution of informal complaints should be attempted at the time an expression of dissatisfaction is made to the service. This could include a fundamental failing/breakdown of our policy, processes, or service proposition. This is likely to mean that we have not delivered against a promise or failed to action a task in line with protocol, (e.g. cancelled appointments, failed call back, colleague attitude). If an informal complaint is not able to reach a local resolution it will be escalated to a Formal Complaint.

Formal Complaint – A complaint or expression of dissatisfaction that is completed verbally or formally in a letter or by email regarding care received where the patient requires a formal written response to their concern. This could be an issue raised about our process whereby we are operating within our framework, but which has led to the dissatisfaction of the patient. This may include but is not limited to; appointment lead times; call wait time to get through to a PCA; location of available appointments.

Compliment - A polite expression of praise or admiration expressed to someone for something. These can be received verbally by telephone, via email, letter or card.

Health Care Professional Feedback (HPF) – This relates to feedback given to Cora Health from another health care provider including a patient's own GP, ambulance services, NHS Trusts etc. This includes Quality Alerts (QA), a quality alert provides a mechanism for GP practices to address issues and concerns with Cora Health as a service provider which requires further investigation in relation to their patients. The process for quality alerts is agreed as part of the contract with the relevant Integrated Care Board prior to service commencement.

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6. Complaints & Feedback Process

6.1. Process for raising Informal complaints

There are four main ways we receive Informal Complaints:

In person, telephone, verbally or written - Before any informal complaint turns into a formal complaint, it is very important that colleagues dealing with the complainant or their representative(s), address any issues as they arise. It is also important that colleagues give reassurance at this stage to anyone raising a concern that this will be dealt with confidentially and that their/the patient's care will not be compromised as a result. If raised verbally, a summary of the issues should be documented and confirmed with the patient/representative. Colleagues must ensure they provide a record of these discussions and any resolution, by recording the information as an Informal Complaint on Datix. At Cora Health, informal complaints are dealt with and logged by each department. The procedure for dealing with informal complaints can be found in Appendix 1. Patients can determine if they want their complaint to be managed informally or formally when raising their complaint in the first instance.

Where a complainant's first language is not English, please refer to the Translation Policy.

6.2. Process for raising Formal Complaints

Where we are unable to address patient complaints informally or where the patient clearly wishes to make a formal complaint, the following process is followed:

Stage 1 – *Complaints that are made formally in writing to Cora Health's head office, via letter, via our website or email to complaints@corahealth.co.uk or complaints.connect@nhs.net or verbally to a Cora Health colleague.*

When a complaint is made verbally, the colleague must send a brief outline of the complaint along with enough patient identifiable information to the Integrated Governance team via the complaints email system. The Complaints and Patient Feedback Co-Ordinator or the investigator will contact the patient to discuss the complaint and agree the wording of the complaint. The Complaints and Patient Feedback Co-Ordinator will then document the complaint and either email or post out a copy of the complaint for confirmation of accuracy.

(Details of how to make a complaint can be found on Cora Health's website at www.Corahealth.co.uk**)**

Acknowledgement - An acknowledgement letter or email will be sent to the complainant within **three working days** of receipt of the complaint. The Procedure for Managing Formal Complaints for all colleagues can be found in Appendix 1. Guidelines for the Governance Team can be found in Appendix 3. All formal complaints will be investigated and responded to within **30 working days** (Appendix 1). The timeframe for the response should be agreed with the patient within the acknowledgement.

All Complainants will be provided a copy of our Complaints Leaflet which outlines our process and includes the Parliamentary and Health Service Ombudsman (PHSO) details if they wish to escalate their complaint to them at any point in the process

If the complainant is not satisfied with the initial response then we must immediately acknowledge and review any further concerns. We should respond to this within **10 working days** back to the patient and the investigating manager should consider arranging a call or meeting with the patient to resolve any additional queries. All responses include details for escalation to the PHSO.

When a complaint is received, any issues regarding the patient's ongoing care are identified. This is particularly important where the complaint is in relation to their immediate care. It is also important at this stage to reassure people raising formal complaints that they/the patient will not be discriminated against as a result of having made a complaint and that their complaint will be dealt with in confidence. All complaints will be investigated and responded to in accordance with the complaint regulations.

Initial Review/Investigation - The relevant manager will carry out a thorough review of the complaint and produce a response of their findings and, if necessary and advised by the Integrated Governance Team, an action plan. The purpose of the action plan detail the steps put in place to prevent any other such occurrence in the future. This will be overseen by the Operations Manager who will take responsibility for this process.

During this first local resolution stage of the process every effort is made to respond fully and openly to the complaint raised, which may involve meetings and/or ongoing discussions and liaison with the complainant.

Formal Response – The formal complaint response letter will be sent back to the complainant within 30 working days of the complaint being received by Cora Health. If a response will not be sent to the complainant within 30 working days, the complainant should be kept informed of the delay by the Complaints and Patient Feedback Co-Ordinator, or as agreed with the complaint investigator. This timeframe is discussed and agreement received from the complainant when initial contact is made.

The final response should include:

- an introduction including the date complaint was received and the date of the issue occurring
- summary of the complaint and the points that will be addressed
- an apology for the service experienced
- the chronology of "what happened" (where appropriate)
- an investigation outcome
- The offer of a further response if the complainant is not happy with resolution and PHSO contact

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information, if local resolution is not possible

Final response letters will be reviewed by the Head of Integrated Governance or Director of Governance and Quality before being sent to the complainant. Colleagues should ensure that the draft complaint response is received within a maximum of 20 days of the complaint being received and registered (see Appendix 1) which then allows for internal checking and approval.

Responses that need further investigation or updates to the draft will be returned to the writer/ relevant colleague, with a reminder of the final deadline for complaint response.

Final response complaint letters will then be sent back to the complaint investigator and will then be shared with the colleague involved in the complaint to ensure learning and 'closing of the loop'.

Complaining via Integrated Care System (ICS) - Complainants have the option to address their complaint directly to the commissioning body of the service (i.e. via the relevant ICS) instead of, although not in addition to, making a complaint to the provider of the service (i.e. Cora Health). This may lead to a **Quality Alert** being raised. If a quality alert is raised, the ICS will forward details of how they wish the Quality Alert to be managed. The management of this process varies depending on the ICS involved. See Appendix 3 for an example Quality Alert process.

In certain circumstances, the ICS may decide to take the lead, coordinate and maintain an overview of the complaints process and the complaints management colleague, as requested.

Complaints received outside of 12 Months – Complaints must be made no later than twelve months after the date of which the matter which is the subject of the complaint occurred OR twelve months after it came to the notice of the complainant.

For complaints received more than 12 months from the date of the event, Cora Health are not obliged to carry out a full investigation, however the complainant can be contacted for further information asking why the complaint was made outside of 12 months. If there are good reasons for not having made the complaint within the above timeframe ***and/or it is still possible to investigate the complaint effectively and fairly***, Cora Health will still consider the complaint.

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JMAPS/NTIMS (Northumbria HealthCare NHS Foundation Trust -NHCT) Complaints

An agreement has been made with NHCT as to how informal and formal complaints are managed within this service. All formal complaints. irrespective of where they originate from will be managed and responded to by NHCT. If a formal complaint is received by Cora Health it will be logged onto the Cora Health Datix system but then passed to NHCT for further management. A copy of the final response will be shared with Cora Health for recording and onward learning.

Informal complaints will be managed by the receiving organisation i.e. Cora Health or NHCT. For the purpose of reporting Cora Health will provide a submission for the joint Quality Report that details all the data for the informal complaints that Cora Health have managed. NHCT will have responsibility for reporting data related to formal complaints and any informal complaints that they have managed directly.

Stage 2 – The Parliamentary Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with Cora Health's response following completion of all local resolution actions, they have the right to seek an independent review of their outstanding concerns by the PHSO. To be eligible for review by the PHSO, the complaint must be about a service funded by the NHS and the complainant must ask the PHSO to review the complaint within 12 months of receiving a final written response to their complaint from Cora Health.

The PHSO is not obliged to investigate every complaint put to them and they will not generally take on a case which has not been through the NHS Complaints Procedure or a case which has been dealt with by the courts. Any complaint raised to the PHSO will be managed by the Integrated Governance team.

6.3. Managing Healthcare Professional Feedback

Feedback received from other healthcare providers requesting an investigation should be managed process wise in the same way as formal complaints however they will not be included in formal complaint numbers, as they are healthcare professional feedback so are detailed seperately. . They should be acknowledged within 3 working days and receive a final response within 30 working days. Timeframes will be monitored against the timeframes in the complaints policy. When responding to healthcare professionals the language may need to be different than it would if responding to a patient. It is important to note that complaints received by the ICS on behalf of a complainant should still be dealt with via the complaints process and logged as a formal complaint received from the ICS.

Where alternative timescales have been agreed with an ICS as part of the quality alerts process, these will be dealt with accordingly.

6.4. Information Governance

All complaints will be dealt with confidentially, according to Cora Health's confidentiality policy and data protection legislation, including General Data Protection Regulations (GDPR).

Copies of any documentation relating to formal complaints raised must not be kept in the patient records. Any referral letters should not include reference to the fact that a complaint is/has been made.

Where a complaint is raised by someone other than the patient (or next of kin in respect of deceased patients), evidence of patient consent will be required, and information will not be disclosed to that third party until an appropriate written consent has been received.

Where there is a lack of capacity, the patient's representative must provide adequate proof of their authority to act on behalf of the patient, e.g., they hold power of attorney, prior to the release of any patient related information.

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If consent is not received from the patient Cora Health will 'withdraw' the complaint on the system. Cora Health reserves the right to still identify key themes and trends from the complaint raised in order to improve the service delivered to patients.

If Cora Health is required to involve another Healthcare Organisation e.g. sub-contractor, patient's own GP, ICS, in the investigation of a complaint, Cora Health will get consent from the patient to liaise with the other organisation and will incorporate this in our response. This will be documented in the online record. Where Cora Health has no involvement in the complaint this will be passed onto the external organisation and the ICB will be informed.

6.5. Non-discrimination

Patients, relatives and carers will not be discriminated against for making a complaint or raising a concern and their future ongoing health care needs will not be affected.

Reassurance is given in Cora Health's acknowledgement letters in respect of the complaints received. This standard is reinforced through colleague training, induction and customer care programmes.

6.6. Just Culture and Support for colleagues

Complaints will be thoroughly and fairly investigated to verify the facts so that any allegations can be shown to be true or false. Colleagues named in a complaint will have every opportunity to respond. This can be via email, phone, letter or meeting with the investigating officer.

The Company recognises that a complaints process can be stressful for colleagues and so will endeavour to make sure that appropriate support is provided. On occasions, a manager may decide to take more proactive action to support a colleague. This may include a management referral to support services or options for further training. This will be discussed on an individual basis, if considered necessary.

Counselling for colleagues is also available on the request of the individual colleague, through the People team or through self referral directly to Boost Health.

Cora Health follows the principles of a Just Culture as proposed by NHS Improvement this means that we understand that action singling out an individual is rarely appropriate - most patient safety issues have deeper causes and require wider action. All complaint investigations will follow this guidance.

6.7. Lessons learned and shared

Informal comments, surveys, complaints, and compliments, provide a valuable opportunity to assess the service we deliver to patients. Complaints are welcomed as necessary for continuous service improvement. It is essential that we use the opportunity to see whether lessons can be learned by the service in question and for Cora Health as a whole.

These lessons are identified and fed back via representatives to clinical steering groups which analyse the reports for trends over longer periods of time for a service, contract, or region.

Through national reporting of patient concerns and complaints information/data from weekly Integrated Governance Team meetings, national and regional trends and recommendations are made to facilitate positive learning from individual concerns and complaints. These are reviewed in the Clinical Governance Committee meetings and are supported by the Director of Governance and Quality and the Head of Integrated Governance.

6.8. Vexatious Complainants

The aim of this section is to define possible situations where the complaint might be habitual, vexatious, or unreasonably persistent and to provide a framework for managing these complainants. It is emphasised that identifying complainants as habitual, vexatious, or unreasonably persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the Cora Health complaints procedures, for example through local resolution, conciliation, or involvement of advocacy services as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual, vexatious, or unreasonably persistent complainants and in deciding action to be taken in specific cases. It can be difficult for colleagues to respond to or deal with these complainants and support may be needed.

Unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Habitual complainants may raise several complaints, either in series or contemporaneously, which may or may not have similar issues raised. Vexatious complainants can cause frustration, worry or actual concern for colleague welfare.

Cora Health will treat every individual complaint on merit, however if the Director of Governance and Quality in partnership with local teams believe the complainant has become vexatious and that all reasonable attempts have been made to resolve the complaint. Cora Health can withdraw the complaint and inform the complainant in writing. If a new complaint is received from the same complainant, it will be treated on its own merits and investigated if the new complaint is materially different.

The complainant will be informed of their right to escalate our handling of their complaint to the Parliamentary and Health Service Ombudsman.

6.9. Records retention

The Corporate Records Retention & Disposal Schedule & Guidance (NHS England, 2016) indicates the following retention periods for complaints records:

- Correspondence, investigation and outcomes – must be retained for 10 years unless the complaint is about a child then the files must be kept until the patient reaches the age of 21.
- Returns made to NHSE/CQC etc – files closed annually and kept for 6 years following closure

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6.10. Care Quality Commission

Any requests made by the Care Quality Commission for information about a complaint must be provided within 28 days. The 28-day period starts the day after the request is received. The CQC may change this according to their own timescales.

6.11. Compliments

All compliments received will be recorded on the relevant online system. This information will be available for Operations Managers to create reports, which will be fed back to relevant stakeholders, for example, fed back at monthly CGC meetings.

6.12. Social Media Feedback

The Communications Team and Director of Governance and Quality monitors social media feedback from NHS choices, TrustPilot, Cora Health's website, Twitter and Facebook. Compliments will be recorded on One Connect. Concerns and complaints will be managed in line with this policy. All feedback will receive a response via the social media platform on which it was delivered. The Director of Governance and Quality compiles a monthly report that is shared with the executive team, local teams and the Board and details all social media comments.

7. Training Requirements

All colleagues will receive a basic introduction to Patient Feedback on induction.

Informal/Formal Complaints

As part of induction all colleagues will have training on managing complaints, this will vary depending on the level of involvement in complaints. PCC colleagues will be given training on managing difficult calls and how to escalate complaints when appropriate.

For managers and team leaders who require more advanced skills at resolving and managing complaints, including writing and investigation skills, training will be provided. This training will include investigation skills, verbal communication skills and written response skills. These competences are outlined in Cora Health's generic competences by role type under Delivering Quality and Delivering Governance.

All colleagues involved in the process will be supported and provided the training required to perform the role expected of them within this policy.

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8. Diversity and Inclusion

Cora Health is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat colleagues reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all colleagues to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.

"An equality analysis has been undertaken for this policy, in accordance with the Equality Act (2010)."

9. Assurance and Monitoring Compliance

Standard/process/issue	Method	By	Group/ meeting	Frequency
Monitoring of formal and informal complaints received. Identification of risk and potential risks which would require immediate action.	Integrated Governance Team weekly report	Integrated Governance Team	Integrated Governance Team Meeting	Weekly

Formal and informal complaints and the complaints process, including improvements made as a result of formal complaints and that the action plan is completed (if necessary)	Monitoring reporting of complaints and collation of information for period	Complaints Co-Ordinator / Head of Integrated Governance	Risk Management Committee	As appropriate
			Clinical Governance Committee (by exception)	Quarterly
			Clinical Delivery Groups	Quarterly
			Operations Meetings	Quarterly

The information above will be collated in an annual complaints report which will provide an overview to ensure compliance with this policy. See also Appendix 4 for concern and complaint monitoring procedure.

10. Consultation and Review

The views of Chief Executive Officer, Director of Governance and Quality, Chief Operating Officer, Chief People Officer, Heads of Operations and Operations Managers have been sought on the revised policy. This policy will be endorsed by the Clinical Governance Committee and ratified by Integrated Quality Audit & Compliance Committee.

11. References

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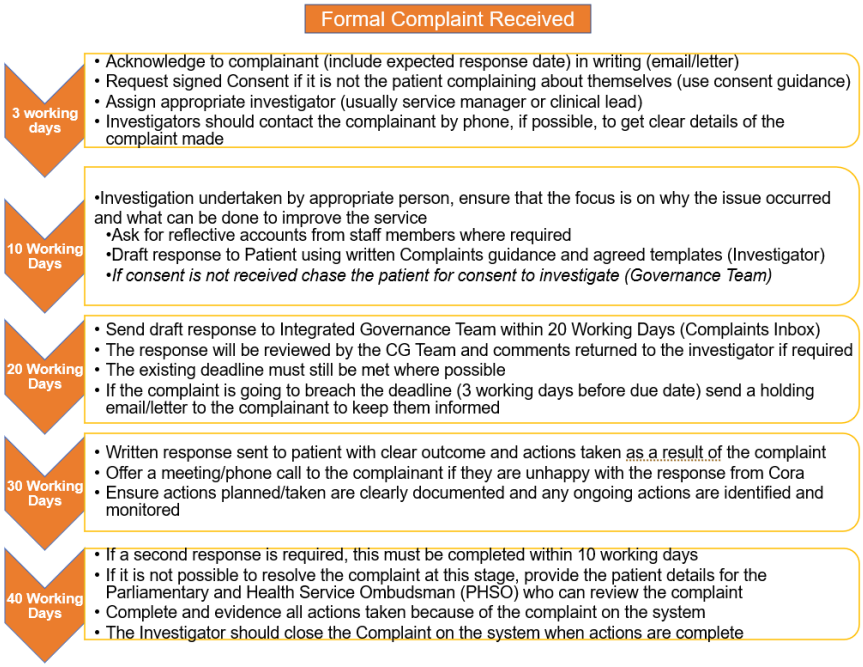
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Equality Act 2010
- Data Protection Act (2018)
- GDPR Regulations (2018)
- Health & Social care Act 2008 (Regulated Activities) Regulations 2014
- NHS England SI 2009 No 309
- The NHS Code of Practice for Records Management
- NHS Complaints Policy standards – NHS England (2017) http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDwQFjAA&url=http%3A%2F%2Fwww.nhs.uk%2FchoiceintheNHS%2FRightsandpledges%2Fcomplaints%2FPages%2FNHScomplaints.aspx&ei=_DCJVZvsN4GasAGyqIAI&usg=AFQjCNHJq68AvhKlZ-5SRIxL9LGnK83q4Q&bvm=bv.96339352,d.bGg
- NHS Complaints Procedures in England (Jan 2014) House of Commons Library – Thomas Powell
- NHS Litigation Authority Apologies & Explanations *www.nhsla.com (NHS Resolution)*
- Good Governance Institute - Complaints Handling in NHS Organisations (2014)
- CQC - Complaints Matter (2015 Jan) http://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf
- Care Quality Commission Regulation 16 – Receiving and Acting on Complaints
- Department of Health (2009) Listening, Responding, Improving; a guide to better customer care. (2009) Tackling Concerns Locally *DH website: www.dh.gov.uk*
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Legislation.gov.uk http://www.legislation.gov.uk/
- Parliamentary and Health Service Ombudsman - Principles of Good Complaint Handling (2009)
- Principles for Remedy (2009) http://www.ombudsman

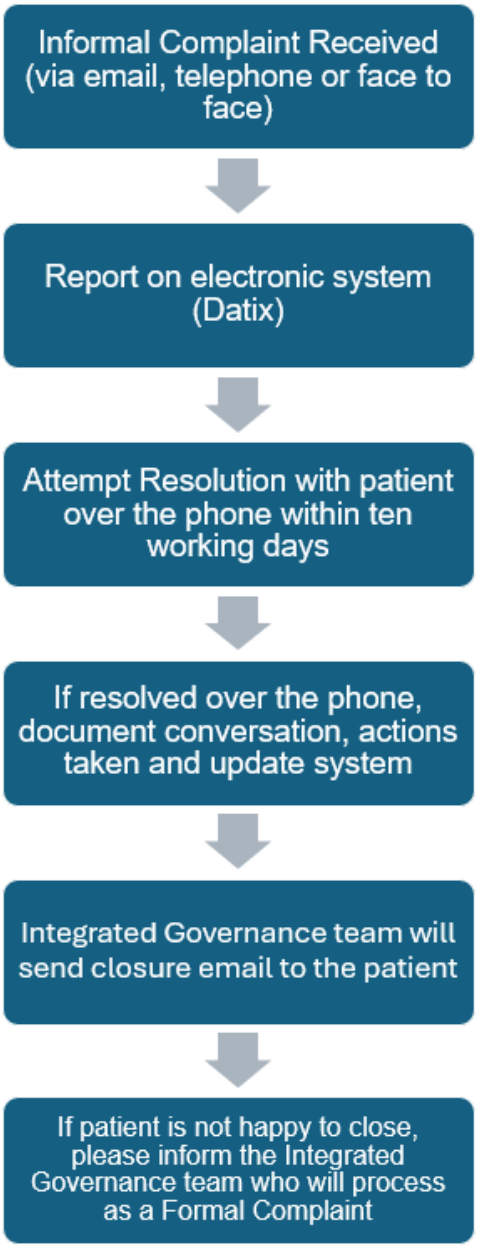
- National Patient Safety Organisation – 'Being Open' www.npsa.nhs.uk
- Standard F – Relationship with Workers (SEQOHS Standards 2015)
- Standard E – Relationship with Purchasers (SEQOHS Standards 2015)

12. Appendices

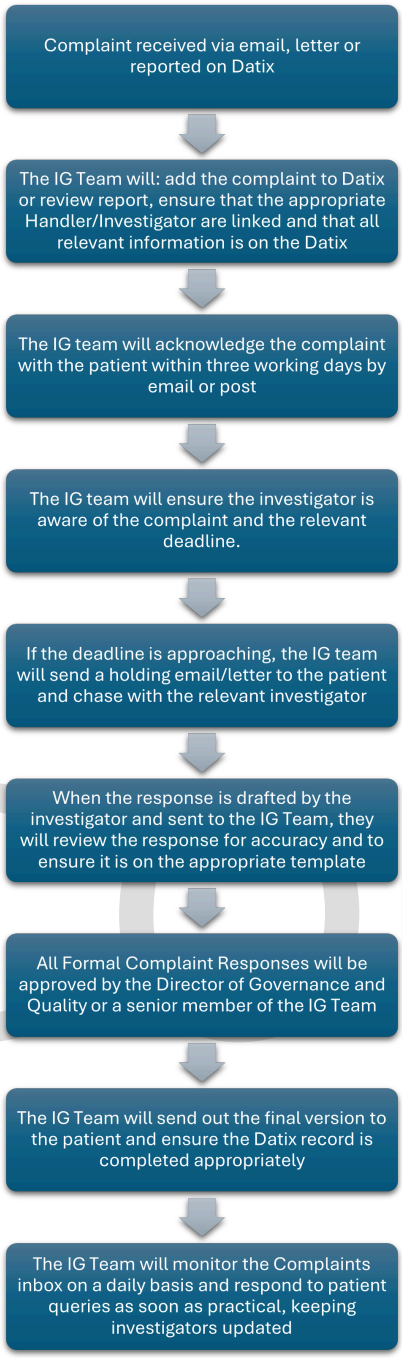
Appendix 1 – Complaints Process Quick Reference Guide



Appendix 2 – Procedure for Managing Informal Complaints



Appendix 3 Integrated Governance Team Process


Complaint received via email, letter or reported on Datix
The IG Team will: add the complaint to Datix or review report, ensure that the appropriate Handler/Investigator are linked and that all relevant information is on the Datix
The IG team will acknowledge the complaint with the patient within three working days by email or post
The IG team will ensure the investigator is aware of the complaint and the relevant deadline.
If the deadline is approaching, the IG team will send a holding email/letter to the patient and chase with the relevant investigator
When the response is drafted by the investigator and sent to the IG Team, they will review the response for accuracy and to ensure it is on the appropriate template
All Formal Complaint Responses will be approved by the Director of Governance and Quality or a senior member of the IG Team
The IG Team will send out the final version to the patient and ensure the Datix record is completed appropriately
The IG Team will monitor the Complaints inbox on a daily basis and respond to patient queries as soon as practical, keeping investigators updated

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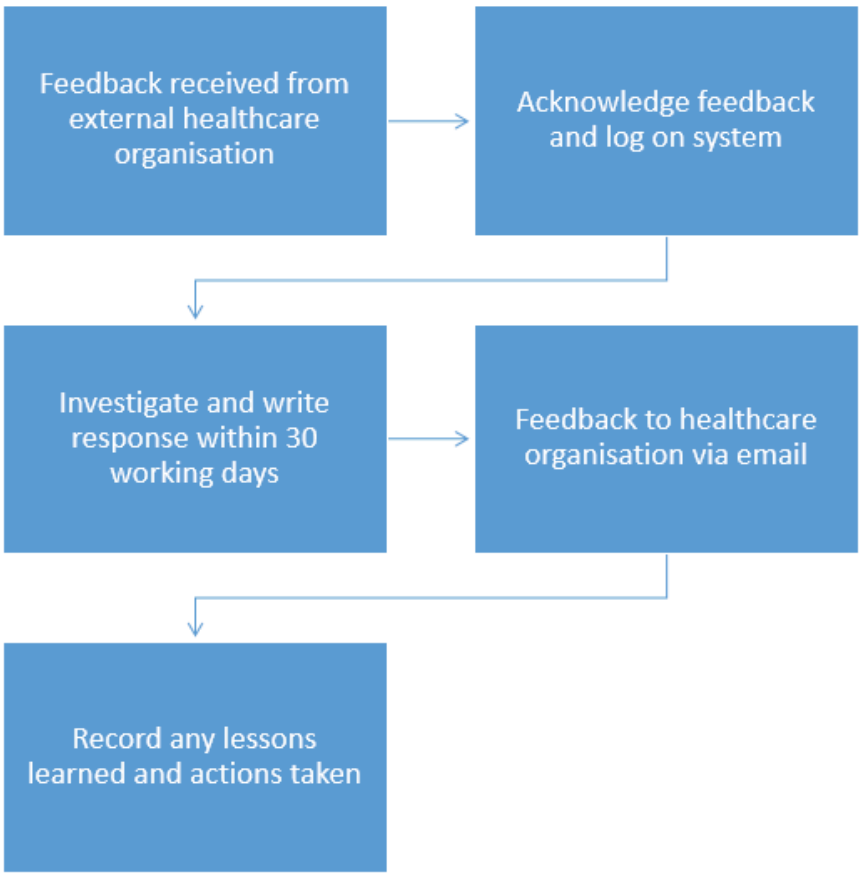
Appendix 4 – Management of Healthcare Professional Feedback Process (Incoming)



Appendix 5 - Patient Complaint Monitoring Procedure



Attachments

- Appendix 2: Procedure for Managing Informal Complaints
- Appendix 3: Integrated Governance Team Process
- Appendix 4: Management of Healthcare Professional Feedback Process (Incoming)
- Appendix 5: Patient Complaint Monitoring Procedure
- Complaints Management Policy Equality Impact Assessment.docx
- Document Control
- Image 1
- Image 2
- Image 3
- Image 5

Approval Signatures

Step Description	Approver	Date
Clinical Governance Committee	Andrew McAnelly: Head of Integrated Governance	29 July, 2025
Policy Sponsor (Director of Governance and Quality)	Helen Richardson: Governance Consultant	15 July, 2025
Author / Owner	Andrew McAnelly: Head of Integrated Governance	26 June, 2025